

Amherst Health Department Environmental Health Services

Temporary Food Service

\$40.00 per event - \$30.00 per event **non-profit**

1. Applicant must complete "Food Establishment Application".
2. Indicate on application number of days for event.
3. Permit is issued for the day of the event, provided application is completed and fee is paid.
4. Permit expires at the end of the day for which permit was requested.

The Town of Amherst Health Department is requesting that all organizations that use Sani-Cans for events on The Amherst Town Common be required to have hand sinks available and all Sani-Cans must be equipped with the anti-bacterial soap.

The guidelines for bathroom facilities at public events are as follows:

1. For every two-hundred (200) females, you should have one (1) toilet facility.
2. For every five-hundred (500) males, you should have one (1) toilet facility.

The number of bathroom facilities required, as stated above, depends on the number of people expected to attend a particular event. In the past, events on The Amherst Town Common have had a total of seven (7) facilities, of which two (2) were handicap accessible. Each bathroom facility is required to have a handwashing sink. In addition, there must be two (2) handwashing sinks in the area independent of those required in the bathroom facilities.

The fee for Sani-Cans is \$50.00. If needed please make check out to the **Town of Amherst**.

To: All Food Stand Operators

From: David Zarozinski, Sanitarian

Subject: Regulations Regarding “Temporary” Service

Your attention to the following list of requirements will be expected during Fair operations :

1. All vendors must have their operation ready for inspection two (2) hours before the opening of the event. Failure to do so could result in the vendor not being allowed to operate.
2. All foods shall be protected (in containers or covered) from contamination while stored or awaiting sale.
3. All food products or single service items (plates, napkins, etc...) shall be stored on pallets (no storage on ground).
4. Pallets, wood chips, platforms or other ground covering shall be provided.
5. An adequate supply of water must be available for cleaning utensils and food contact surfaces, as well as for hand washing.
6. If ice is provided for drinks it must be kept clean and in sanitary containers.
7. Adequate refrigeration facilities for storage of foods shall be provided. Ice cannot be used as a substitute.
8. Cream filled pastries, custards, and salads such as tuna and egg shall not be sold or served.
9. Chafing dishes are not allowed.

Your attention to good sanitary practice is expected.

**AMHERST HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
BANGS COMMUNITY CENTER, 2ND FLOOR
70 BOLTWOOD WALK
AMHERST, MA. 01002**

Phone 413 256 4033

FAX 413 256 4053

FOOD ESTABLISHMENT APPLICATION

DATE _____

Name of Establishment _____

Business Address _____ Business Phone _____

Mailing Address (if different) _____

Owner _____ Owner's Phone _____

Address of Owner _____

Name & Title of Applicant (if different from Owner) _____

If Corporation or partnership, give name, title & home address of officers or partners.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Home Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

State of Incorporation _____	Name & Address of Local Agent _____
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Emergency Response Person: Name _____
Home phone _____

<u>Type of Establishment</u>	<u>Fee</u>	<u>Duration of Permit</u>	<u>Amount to be Paid</u>
Bakery	125.00	<input type="checkbox"/> Annual	_____
Catering	125.00		_____
Food Establishment	275.00	<input type="checkbox"/> Temporary	_____
Frozen Dessert	50.00		_____
Mobil Food*	100.00		_____
Retail	175.00		_____
Special Events/Temporary	40.00/30.00 non-profit		_____
Food Service Plan Review	150.00		_____
Supermarket	750.00		_____
		Total	_____

See over for additional information and signatures→

ADDITIONAL INFORMATION

Water Source ☐ Town ☐ Well **Sewage Disposal** ☐ Town ☐ Private **Grease Trap** ☐ Yes ☐ No

Days & Hours of Operation _____ **Number of Seats** _____

Food Being Served: _____

Persons Trained in Anti-Choking Procedures (if 25 seats or more) . ☐ Yes ☐ No **How Many?** _____

*******Must Submit Copies Of Anti-Choking Certifications For Each Individual*******

***MOBILE FOOD UNITS OR PUSHCARTS**

☐ **COPY OF PEDDLAR'S LICENSE** ☐ **LIST OF HAND WASHING AND TOILET FACILITIES**

Submitted Applications to: ☐ Board of Selectman ☐ Fire ☐ Police

TEMPORARY PERMIT

Start Date: _____ **End Date:** _____

√Signature of Applicant

Social Security Number or Federal Identification Number

PAYMENT IS DUE WITH APPLICATION

Pursuant to M.G.L. CH. 62C Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all State Taxes required under law.

√Signature of Individual or Corporate Name

By

Corporate Officer (if applicable)
